•.			ODSITURE 10	Y Form F	PTO-875	TION	RECO	ORD Taber 8	. 2004	n unles	Appl Appl	calion or Dr	OME	OF COMME control num Number	
FOR		LICATION AS FILED - F			PART ( (Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY				
BASIC FEE		NUMBER	LED	NUM	BER EXTRA		RATE	(\$)	FEE	a.				7	
SEARCH FEE		NA			N/A		NVA		150.			RATE	(\$)	FEE	
(37 CFR 1 16(N), (4), or (mg)		N/A		N/A			· N/A		\$250			NIA		300.00	
EXAMINATION FEE 37 CFR 1 16(a), (p), or (q))		N/A		N/A		┥ ├──			<del></del>					\$500 \$200	
TOTAL CLAIMS 37.CFR 1 16(0)				-		-4 1	NVA		\$100						
NOEPENDENT CLAIMS		minus 20 =				11	X\$ 25	•			OR	X\$50			
37 CFR 1 16(N))		minus 3 =		•			X100	, .		$\neg$		X200		<del> </del>	
IPPLICATION SIZE EE 17 CFR   16(6))		If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (			ize fee due each	$\ $							1		
ULTIPLE DEP	ENDENT C	LAIM PRESENT (	37 CFR 1 16(	(ii)		11	+180=	+	····		-	. 224	_		
If the difference in column 1 is less than zero, enter "O" in column						JL				-	L	+360=			
	PPLICAT	ION AS AMEN		ART II		٠	TOTAL	L.,		٠,		TOTAL	Ļ		
					Making 21					_	`			•	
1		AIMS .	HIGH		(Column 3)	<u> -</u>	SMAL	L EN	ΠΤΥ	_	R .	OTH	ER TI	HAN	
10/14/0 j	REM AF AMEN	AINING TER IDMENT	HIGH NUME PREVIO PAID F	EST BER SUSLY FOR	PRESENT EXTRA		SMAL RATE (\$)		ADDI- RONAL	7	Г	OTHI SMAL RATE (5)	T	ADDI- TIONAL	
Total (37 CFR L18(i)) Independent	REM AF AMEN	AINING TER IDMENT Minus	HIGH NUME PREVIO PAID F	EST BER SUSLY FOR	PRESENT				ADDI-			RATE (S)	T	ADD(-	
Total D7 CFR L10(I) Independent G7 CFR L10(II)	REM AF AMEN	AINING FTER IDMENT  Minus  Minus	HIGH NUME PREVIO PAID F	EST BER DUSLY FOR	PRESENT EXTRA	×	RATE (\$)		ADDI- RONAL	OR	[x	RATE (\$)		ADDI- TIONAL	
Total (37 CFR L10(3) Independent (37 CFR L10(3)) Application S	REM AMEN G Stre Fee (3)	AINING TER IDMENT  Minus  CFR 1.16(s))	HIGH NUME PREVIO PAID F	EST BER DUSLY FOR 2	PRESENT EXTRA	×	RATE (\$)		ADDI- RONAL		[x	RATE (S)		ADDI- TIONAL	
Total (37 CFR L10(ii) Independent (37 CFR L10(ii)) Application S	REM AMEN G Stre Fee (3)	AINING TER IDMENT  Minus  CFR 1.16(s))	HIGH NUME PREVIO PAID F	EST BER DUSLY FOR 2	PRESENT EXTRA	×	RATE (\$)		ADDI- RONAL	OR	XX	RATE (S) \$50 200		ADDI- TIONAL	
Total (37 CFR L10(ii) Independent (37 CFR L10(ii)) Application S	REM AMEN G Stre Fee (3)	AINING FTER IDMENT  Minus  Minus	HIGH NUME PREVIO PAID F	EST BER DUSLY FOR 2	PRESENT EXTRA	××	RATE (5) \$ 25		ADDI- RONAL	OR	XX	\$50 _ 200 _		ADDI- TIONAL	
Total (37 CFR L10(ii) Independent (37 CFR L10(ii)) Application S	REM AF AMEN G	AINING TER IDMENT  Minus  CFR 1.16(s))  MULTIPLE DEPEND	HIGH NUME PREVIO PAID F	EST BER PUSLY FOR 2	PRESENT EXTRA	X X + To	RATE (5) \$ 25 (100		ADDI- RONAL	OR OR	X X + 10	RATE (S) \$50 200		ADDI- TIONAL	
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Total (37 CFR L16(1)) Independent (37 CFR L16(1)) Application S FIRST PRESENT Total (37 CFR L16(1))	REM AF AMEN COLAIR REMAIL AFTER AMEND	AINING TER IDMENT Minus  CFR 1.16(s))  MULTIPLE DEPENT  MS NING ER. MENT  Minus	HIGHENUME PREVIOUS PAID F	EST BER PUSLY FOR 2 (37 CFR 1	PRESENT EXTRA	X X + 1000	RATE (5) \$ 25 (100 180= TAL OL FEE	AL TIO	ADDI- RONAL EE (\$)	OR OR OR	T PPA	\$50 \$50 200 360-: TAL DU FEE		ADDI- TIONAL FEE (\$)	
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If the entry in column 1 is less than the entry in column 2, write "V" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Sollection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Patent DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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